

IN U.S. BANKRUPTCY COURT, SOUTHERN DISTRICT OF NEW YORK

IN THE MATTER OF

DELPHI CORPORATION, ET AL

CASE NO. 05-44481 (RDD)

JUDGE ROBERT D. DRAIN

PROOF OF CLAIM FOR UNPAID ASSESSMENTS

EMPLOYER: DELPHI CORPORATION
5825 DELPHI DRIVE
TROY, MI 48098

	STATUTE	ASSESSMENT DATE	ASSESSMENT PERIOD COVERED	ASSESSMENT DUE
SIF	MCL 418.551(1)	06/25/09	01/01/09 thru 12/31/09	\$354,497.36
SDDF	MCL 418.551(2)	04/30/09	01/01/09 thru 12/31/09	\$ 34,585.11
SISF	MCL 418.551(4)	04/30/09	01/01/09 thru 12/31/09	\$741,109.45
TOTAL				\$1,130,191.92

Richard W. Smith, being duly sworn, deposes and says that he is authorized to act under Chapter 5 of the Michigan Workers' Disability Compensation Act, MCL 418.515(2), and that to the best of his knowledge and belief, the debtor is indebted to the State of Michigan, Funds Administration in this amount.

Richard W. Smith

RICHARD W. SMITH

Subscribed and sworn to before me
this 14th day of July, 2009

Amy A. Ganea

AMY AELOLA GONEA
NOTARY PUBLIC, STATE OF MI
COUNTY OF INDIAN
MY COMMISSION EXPIRES 12/31/2011
ACTING IN COURT



Department of Energy, Labor & Economic Growth
Stanley "Skip" Pruss, Director

Workers' Compensation Agency
Funds Administration
7201 W. Saginaw Hwy., Ste. 110
Lansing, MI 48917
Phone: (517) 241-8999
Fax: (517) 241-8921
www.michigan.gov/wca

Trustees
Richard F. Zapala, Chair
Jack A. Nolish
Susan Azar

June 25, 2009

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI AUTOMOTIVE SYSTEMS CORP.
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

RE:2009 Second Injury Fund Assessment

Dear Sir/Madam:

This letter is notice of the annual assessment made in accordance with the Michigan Workers' Disability Compensation Act, Chapter 5, Section 551(1) & (3). **ALL PAYMENTS ARE REQUIRED BY September 23, 2009.**

The amount due from your company for 2009 is **0.01435** of your total Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2008**. In addition, the amount reported on which assessments are due should not include monies reimbursed by the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; or Compensation Supplement Fund. **It should be noted that per Section 551(7), an employer who has ceased to be a self-insurer continues to be liable for the Second Injury Fund assessment on all benefits paid under your self-insurance program.** If you are or were a self-insured employer, it is your obligation to determine **ALL** payments made under your self-insurance program.

Separate checks must be issued for the Second Injury Fund assessment; Silicosis, Dust Disease and Logging Industry Compensation Fund assessment; and the Self-Insurers' Security Fund assessment. Please make your check payable to: **State of Michigan - Second Injury Fund**. If you have any questions concerning the assessment, please contact Valerie A. Hart at the above address.

Very truly yours,

Jack A. Nolish, Director
Workers' Compensation Agency

== FORM ON REVERSE SIDE ==

PLEASE COMPLETE THIS FORM AND RETURN IT (BOTH FRONT AND BACK SIDES) WITH YOUR REMITTANCE IN FULL BY SEPTEMBER 23, 2009 TO:

State of Michigan - Second Injury Fund
7201 W. Saginaw Hwy., Ste. 110
Lansing, MI 48917

Attention: Valerie A. Hart, Assessment Coordinator

****EACH FUND CHECK AND THIS DOCUMENT CAN BE MAILED IN THE SAME ENVELOPE. IT IS IMPERATIVE THAT YOU RETURN THIS DOCUMENT WITH YOUR PARTY AND REFERENCE NUMBERS INCLUDED TO INSURE PROPER CREDIT TO YOUR ACCOUNT****

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI AUTOMOTIVE SYSTEMS CORP.
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

Funds Administration Party #: 12933

REFERENCE NUMBER: 49906 (Please use this reference number in your correspondence.)

Our total amount of Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during calendar year 2008 was:

\$ _____

0.01435 of the above amount is \$ _____ for which remittance is enclosed.

Please complete the fields in **bold** below and complete the company name and address if different than what is listed on the address above

Company Name _____ **FED ID#** _____

Address _____

Contact Person/Title _____ **Telephone #** _____

E-Mail _____

Completed By/Title _____ **Telephone #** _____

Please contact your service company to verify who is to make payment of this invoice as to avoid duplicate payment.

Service Company (if applicable) _____

Service Company Telephone # _____ **Date** _____



Department of Energy, Labor & Economic Growth
Stanley "Skip" Pruss, Director

Workers' Compensation Agency
Funds Administration
7201 W. Saginaw Hwy., Ste. 110
Lansing, MI 48917
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MARK FRAYLICK, MGR WORKERS' COMP
DELPHI AUTOMOTIVE SYSTEMS CORP.
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

RE: 2009 Silicosis, Dust Disease And Logging Ind Comp Fund Assessment

Dear Sir/Madam:

This letter is notice of the annual assessment made in accordance with the Michigan Workers' Disability Compensation Act, Chapter 5, Section 551(2) & (3). **ALL PAYMENTS ARE REQUIRED BY SEPTEMBER 23, 2009**

The amount due from your company for 2008 is **0.0014** of your total Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2008**. In addition, the amount reported on which assessments are due should not include monies reimbursed by the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; or Compensation Supplement Fund. **It should be noted that per Section 551(7), an employer who has ceased to be a self-insurer continues to be liable for the Silicosis, Dust Disease And Logging Ind Comp Fund assessment on all benefits paid under your self-insurance program.** If you are or were a self-insured employer, it is your obligation to determine **ALL** payments made under your self-insurance program.

Separate checks must be issued for the Second Injury Fund assessment; Silicosis, Dust Disease and Logging Industry Compensation Fund assessment and the Self-Insurers' Security Fund assessment. Please make your check payable to: **State of Michigan - Silicosis, Dust Disease And Logging Ind Comp Fund**. If you have any questions concerning the assessment, please contact Valerie A. Hart at the above address.

Very truly yours,

Jack A. Nolish, Director
Workers' Compensation Agency

PLEASE COMPLETE THIS FORM AND RETURN IT (BOTH FRONT AND BACK SIDES) WITH YOUR REMITTANCE IN FULL BY SEPTEMBER 23, 2009 TO:

State of Michigan - Silicosis, Dust Disease and Logging Industry Compensation Fund
7201 W. Saginaw Hwy., Ste. 110
Lansing, MI 48917

Attention: Valerie A. Hart, Assessment Coordinator

****EACH FUND CHECK AND THIS DOCUMENT CAN BE MAILED IN THE SAME ENVELOPE. IT IS IMPERATIVE THAT YOU RETURN THIS DOCUMENT WITH YOUR PARTY AND REFERENCE NUMBERS INCLUDED TO INSURE PROPER CREDIT TO YOUR ACCOUNT****

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI AUTOMOTIVE SYSTEMS CORP.
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

Funds Administration Party #: 12933

REFERENCE NUMBER: 50671 (Please use this reference number in your correspondence.)

Our total amount of Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during calendar year 2008 was:

\$ _____

0.0014 of the above amount is \$ _____ for which remittance is enclosed.

Please complete the fields in **bold** below and complete the company name and address if different than what is listed on the address above

Company Name _____ **FED ID#** _____

Address _____

Contact Person/Title _____ **Telephone #** _____

E-Mail _____

Completed By/Title _____ **Telephone #** _____

Please contact your service company to verify who is to make payment of this invoice as to avoid duplicate payment.

Service Company (if applicable) _____

Service Company Telephone # _____ Date _____



Department of Energy, Labor & Economic Growth
Stanley "Skip" Pruss, Director

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June 25, 2009

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI AUTOMOTIVE SYSTEMS CORP.
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

RE:2009 Self-insurers' Security Fund Assessment

NOTE: This Assessment is on PRIVATE Self-Insured Employers only.

Dear Sir/Madam:

This letter is notice of the annual assessment made in accordance with the Michigan Workers' Disability Compensation Act, Chapter 5, Section 551(4). **ALL PAYMENTS ARE REQUIRED BY September 23, 2009**

The amount due from your company for 2009 is **0.03** of your total Michigan workers' compensation benefits, including redemption settlements, but excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2008**. In addition, the amount reported on which assessments are due should not include monies reimbursed by the Second Injury Fund; Silicosis, Dust Disease and Logging Industry Compensation Fund; or Compensation Supplement Fund. **It should be noted that per Section 551(7), an employer who has ceased to be a self-insurer continues to be liable for the Self-Insurers' Security Fund assessment on all benefits paid under your self-insurance program.** If you are or were a self-insured employer, it is your obligation to determine **ALL** payments made under your self-insurance program.

Separate checks must be issued for the Second Injury Fund assessment; Silicosis, Dust Disease and Logging Industry Compensation Fund assessment; and the Self-Insurers' Security Fund assessment. Please make your check payable to: **State of Michigan - Self-Insurers' Security Fund**. If you have any questions concerning the assessment, please contact Valerie A. Hart at the above address.

Very truly yours,

Jack A. Nolish, Director
Workers' Compensation Agency

== FORM ON REVERSE SIDE ==

**PLEASE COMPLETE THIS FORM AND RETURN IT (BOTH FRONT AND
BACK SIDES) WITH YOUR REMITTANCE IN FULL BY SEPTEMBER 23,
2009 TO:**

State of Michigan - Self-Insurers' Security Fund
7201 W. Saginaw Hwy., Ste. 110
Lansing, MI 48917

Attention: Valerie A. Hart, Assessment Coordinator

****EACH FUND CHECK AND THIS DOCUMENT CAN BE MAILED IN THE SAME ENVELOPE. IT IS
IMPERATIVE THAT YOU RETURN THIS DOCUMENT WITH YOUR PARTY AND REFERENCE NUMBERS
INCLUDED TO INSURE PROPER CREDIT TO YOUR ACCOUNT****

MARK FRAYLICK, MGR WORKERS' COMP
DELPHI AUTOMOTIVE SYSTEMS CORP.
5825 DELPHI DRIVE
MC-480-410-104
TROY, MI 48098

Funds Administration Party #: 12933

REFERENCE NUMBER: 49133 (Please use this reference number in your correspondence.)

Our total amount of Michigan workers' compensation benefits, including redemption settlements, but
excluding medical costs, rehabilitation payments, and funeral costs, paid during **calendar year 2008**
was:

\$ _____

0.03 of the above amount is \$ _____ for which remittance is enclosed.

Please complete the fields in **bold** below and complete the company name and address if different
than what is listed on the address above

Company Name _____ **FED ID#** _____

Address _____

Contact Person/Title _____ **Telephone #** _____

E-Mail _____

Completed By/Title _____ **Telephone #** _____

Please contact your service company to verify who is to make payment of this invoice as to
avoid duplicate payment.

Service Company (if applicable) _____

Service Company Telephone # _____ **Date** _____